

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023103

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

168

STATE FILE NUMBER

FILED JUN 25 1963

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mexico

Length of stay in 1b

15 hrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Audrain Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY

OR

TOWN

Mexico

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

1200 S. Coal

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Rebecca

Mary

GOODMAN

4. DATE  
OF DEATH

Month

Day

Year

6

20

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-19-63

9. AGE (last birthday)

1 DAY

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

MEXICO, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Kenneth Goodman

13b. MOTHER'S MAIDEN NAME

Dorothy Davis

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Kenneth Goodman Mexico Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HYALINE MEMBRANE DISSECT

INTERVAL BETWEEN  
ONSET AND DEATH

12 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

PREMATURITY

DUE TO (c)

12 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

BIRTH

to DEATH

and last saw her alive on 6-20-63

Death occurred at 12 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leonard J. Stewart MD

22b. ADDRESS

Mexico Mo

22c. DATE SIGNED

6-20-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

6/20/63

23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

23d. LOCATION (City, town, or county)

Osage County Missouri

(State)

24. FUNERAL DIRECTOR

Arnold Funeral Home Mexico, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 20-1963

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

Leonard J. Stewart MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Kenneth E. Hayes*

Licensed Embalmer No.

*4890*

P. O. Address

*Mexico, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.